2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F89673

1. Entity Name
WILSON-EICHELBERGER MORTUARY, INC.

Principal Place of Business	Mailing Address
% EUNICE I WILSON 1110 PINE AVENUE SANFORD, FL 32771	% EUNICE I WILSON 1110 PINE AVENUE SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

07102006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2220571		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, EUNICE I
1110 PINE AVENUE
SANFORD, FL 32771

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

U000000569805
07/13/06--90004--002   150.00
DATE

FILE NOW!!! FEE IS $150.00 **Due by September 6, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, EUNICE I
STREET ADDRESS	1110 PINE AVENUE
CITY-ST-ZIP	SANFORD, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   7/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #